

CLASSIFICATION QUESTIONNAIRE S.F. 570 (Rev. 11/99)				1. AGENCY NAME Dept. of Health		2. POSITION NO. new		
3. EMPLOYEE'S NAME (Last, First, Initial) Vacant			PHONE NO.	4. SUBMITTED BY <input checked="" type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYEE		5. POSITION ACTION NO.		
6. DIVISION/INSTITUTION/SECTION/UNIT DOH/OS			MAIL STOP 47890	7. SUBMITTED FOR <input type="checkbox"/> UPDATE <input type="checkbox"/> REALLOCATION <input checked="" type="checkbox"/> ESTABLISHMENT <input type="checkbox"/> OTHER				
8. IMMEDIATE SUPERVISOR'S NAME Rick Buell			PHONE NO.	IMMEDIATE SUPERVISOR'S CLASS TITLE WMS 2 – Public Health & Hospital Emergency Preparedness and Response Program Manager				
9. PRESENT CLASS TITLE HSC 3			CLASS CODE	PROPOSED CLASS TITLE			CLASS CODE	
10. WORKING TITLE (If different than class title) State Emergency Response Coordinators (SERCs)				14. CLASS TITLE			CLASS CODE	
11. EMPLOYMENT, With Dept. YEARS MONTHS new		WITH PRESENT DUTIES YEARS MONTHS new		12. HRS OF WORK 40	15. EFFECTIVE DATE		16. WORK WEEK DESIGNATION	
					17. PAY RANGE			
				18. AUDITED BY		19. DATE	20. REVIEWED BY	
				21. DATE				
22. % OF TIME <input type="checkbox"/> DAY <input type="checkbox"/> WK <input type="checkbox"/> MO. <input type="checkbox"/> YR		23. EMPLOYEE'S STATEMENT OF DUTIES READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS SECTION. LIST THOSE DUTIES WHICH OCCUPY MOST OF YOUR TIME. UNDERLINE YOUR MOST RESPONSIBLE DUTY.						
20%		Responsible for the organization, coordination, and provision of technical assistance in the development of individual partnerships among hospitals, local health jurisdictions, local emergency management agencies, and local/regional EMS and trauma care systems to implement the statewide-Public Health & Hospital Preparedness and Response for Bioterrorism Program. Provides advice to Bioterrorism Program Manager regarding regional public health and hospital bioterrorism preparedness policies and issues.						
25%		Responsible for implementing DOH bioterrorism preparedness contracts with the local and regional health jurisdictions. Works closely with the following: DOH Hospital Preparedness Consultant to ensure planning integration with the (94) licensed hospitals; (10) regional hospital bioterrorism preparedness planning areas; (8) regional EMS and trauma care councils, major state health care associations, as well as the CDC-funded bioterrorism preparedness activities being undertaken by DOH through local health jurisdictions across WA state. Provides guidance in and interpretation of DOH policy to stakeholders to develop preparedness program guidelines and procedures.						
25%		Provides technical assistance to the local and regional health jurisdictions in the development of bioterrorism preparedness plans and protocols for local and regional implementation. Responsible to work with the CDC-funded bioterrorism initiative Focus Area workgroups to ensure development of a comprehensive and coordinated DOH bioterrorism preparedness plan covering hospitals, local health jurisdictions, prehospital systems, emergency management systems, and other entities in WA state involved in bioterrorism preparedness planning.						
15%		Coordinates with the DOH Bioterrorism Manager to ensure the integration of appropriate Critical Benchmarks for bioterrorism preparedness planning criteria in statewide plan development and implementation. Coordinates DOH activities pertaining to informing, educating, and mobilizing health care practitioners to recognize/treat/control bioterrorism-related illness, including representing DOH issues and requirements to statewide professional health care practitioner organizations.						
15%		Monitors funding to local and regional health jurisdictions and other health care entities via contractual arrangements. Monitors program data collection, quality improvement activities, and assures compliance with performance measures identified in contractual arrangements. Assists Bioterrorism Manager in hospital integration with the National Pharmaceutical Stockpile program, Essential Services Function 8 of the State Comprehensive Emergency Management Plan, coordinates tabletop exercises and simulated disaster exercises.						

EMPLOYEE'S STATEMENT (Cont'd.)

<input type="checkbox"/> -Original Copy Department of Personnel	<input type="checkbox"/> -Copy Agency Head- Quarters Personnel Office	<input type="checkbox"/> -Copy Field Office of Originator	<input type="checkbox"/> -Copy for Employee	<input type="checkbox"/> -Copy for Direct Mail to the Department of Personnel
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24. EMPLOYEES WITHIN THE AGENCY WHOSE DUTIES ARE THE SAME (Name)		CLASSIFICATION TITLE	WORKING TITLE
A. None		N/A	N/A
B.			
C.			

25. UNITS SUPERVISED (if applicable), NO. OF EMPLOYEES IN EACH, ALSO ATTACH 8-1/2" x 11" ORGANIZATION CHART

None

26. SUBORDINATE EMPLOYEES REPORTING DIRECTLY TO THIS POSITION-HIGHEST PAY RANGE FIRST.

NAME OR NUMBER	CLASSIFICATION TITLE	WORKING TITLE
A. None	N/A	N/A
B.		
C.		
D.		
E. (Number) ADDITIONAL EMPLOYEES REPORTING DIRECTLY TO THIS POSITION		

27. OFFICE MACHINES, EQUIPMENT, TOOLS, MOTOR VEHICLES, ETC. OPERATED ON JOB, PERCENT OF TIME

Standard office machines, computer, automobile

28. ADDITIONAL COMPENSATION (ROOM, BOARD, LAUNDRY, CLOTHES, ETC.) RECEIVED IN ADDITION TO CASH SALARY

None

I CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE MY OWN AND ARE ACCURATE AND COMPLETE.		29. SIGNATURE OF EMPLOYEE	30. DATE
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IMMEDIATE SUPERVISOR'S STATEMENT

31. ☐ AGREE ☐ DISAGREE WITH EMPLOYEE'S STATEMENTS. EXPLAIN (Attach Additional Sheets, if Needed)

32. ☐ AGREE ☐ DISAGREE WITH EMPLOYEE'S STATEMENT AS TO MOST RESPONSIBLE DUTY (ITEM 23). EXPLAIN.

33. SUPERVISION REQUIRED BY POSITION
☐ CLOSE, DETAILED ☒ SPOT check BASIS ONLY ☐ LITTLE-EMPLOYEE RESPONSIBLE FOR DEVISING OWN WORK METHODS ☐ OTHER EXPLAIN ITEM CHECKED.

34. EDUCATION REQUIRED BY POSITION
☐ LESS THAN HIGH SCHOOL ☐ HIGH SCHOOL GRADUATION ☐ SOME COLLEGE, NO. OF YEARS REQ'D ☒ COLLEGE GRADUATION ☐ GRADUATE STUDY DEGREE (KIND) MAJOR

35. EXPERIENCE REQUIRED BY POSITION (KIND AND LENGTH OF TIME)

Ability to work with health care professionals and health care organizations to achieve program ends

36. SPECIAL KNOWLEDGE, SKILLS, LANGUAGE, LICENSE, CERTIFICATE, ETC. REQUIRED BY POSITION

see (35), above

37. SIGNATURE OF IMMEDIATE SUPERVISOR	38. TITLE Public Health & Hospital Emergency Preparedness and Response Program Manager	39. DATE
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DEPARTMENT HEAD'S STATEMENT

40. COMMENTS AS TO ACCURACY AND COMPLETENESS OF STATEMENTS BY EMPLOYEE AND IMMEDIATE SUPERVISOR.
(Attach Additional Sheets if Necessary)

41. ☒ AGREE ☐ DISAGREE WITH STATEMENTS IN ITEMS 34, 35 AND 36. COMMENT

42. SIGNATURE OF DEPARTMENT HEAD OR DESIGNEE	43. TITLE	44. DATE
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